

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4528

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 236	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 904 East Chestnut				d. STREET ADDRESS (If rural, give location) 904 East Chestnut			
3. NAME OF DECEASED (Type or Print)		a. (First) Bert		b. (Middle) T		c. (Last) Florence	
4. DATE OF DEATH		(Month) March		(Day) 10		(Year) 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 3, 1897	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Branson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Will Florence		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ora White Florence			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ora Florence, Springfield, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Asphyxiation and 2nd and 3rd degree burns over entire body DUE TO (b) burning of building DUE TO (c) explosion of stove causing bldg. to burn II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.		21d. TIME OF INJURY 3 10 49 6 P m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? explosion of stove causing fire					
22. I hereby certify that I attended the deceased from _____ no physician in attendance, that I last saw the deceased _____, and that death occurred at 6:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE Handwritten Signature		(Degree or title) Coroner		23b. ADDRESS 409 Woodruff Bldg		23c. DATE SIGNED 3/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Yoakum Pond		24d. LOCATION (City, town, or county) (State) Reed Springs, Missouri	
DATE REC'D BY LOCAL REG. 3/11/49		REGISTRAR'S SIGNATURE Handwritten Signature		25. FUNERAL DIRECTOR'S SIGNATURE Alma Lohmeyer Funeral Home, Springfield, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*This body not embalmed.* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed *Jewell E. Kinde*

Licensed Embalmer No. *2831*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.